Effec	DN FEE DETERMINATION RECO	ORD /Application or Doctor Number  10/070440
TOTAL CLAMS	S.FILED : PART: (Column 1) (Column 2)	SWALL ENTITY OTHER THAN TYPE OR SWALL ENTITY  RATE FEE RATE FEE
FOR TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS	MARKER FALED MARKER EXTRA  MINUS 20-1  MINUS 3'-1	DASIC FEE OR BASIC FEE 7/1/2  X\$9a OR X\$18a  X42a OR X84a 5/1/2
	ess than zero, enter "0" in column 2 WENDED - PART II	+140= OR +280= OR TOTAL CALL
(Column 1) CLABAS REMARKING ASTER AMEADMENT	(Column 2) (Column 3)  Highest Highest HIMBER PREVIOUSLY PAID FOR	SMALL ENTITY OR SMALL ENTITY  ADDI- RATE TIONAL FEE FEE
Independent . 4	Minus	X8 9= OR X\$18= OR X42= OR X84= OR X84=
Column 11 CLAIMS REMAINING	(Column 2) (Column 3)  HIGHEST PRESSAT	ADDIT FEE OR ADDIT FEE ADDIT
Prince Control	PREVIOUSLY EXTRA PAID FOR  Brue  Brue  Brue  PREVIOUSLY  Brue  Brue  PREVIOUSLY  Brue  Bru	RATE TIONAL FEE TIONAL FEE TOWAL FEE
FIRST PRESENTATION OF MUL		#140# OR #280# NOTE FEE OR ADDITION
(Column 1)  CLAMS REMAINING AFTER AMENDMENT	(Column 3) HIGHEST HAMBER PRESENT PREVIOUSLY EXTRA	RATE TIONAL RATE TIONAL FEE
FIRST PRESENTATION OF 1-ULT	IPLE DEPENDENT CLAIM	X42= OR X84= OR +140= OR +280=
17. The Triangest Pointber Previously Paid (	ntry in column 2, write "D" in column 3.  or in This SPACE is less than 20, enter "20"  or in This SPACE is less than 2, enter "10"  or (fotal or independent) is the highest number to	ADDIT: FEE OR: ADDIT: FEE Outed in the appropriate box in column 1: